Case 16-15901 Doc 1 Filed 05/10/16 Entered 05/10/16 17:15:21 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify | Yourself | | | |
|-----|---|----------------------------|--|---|---|
| | | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full nam | ie | | | |
| | Write the nam | e that is on | Sonia | | |
| | your governme picture identific example, your | cation (for | First name | | First name |
| | license or pas | ssport). | Middle name | _ | Middle name |
| | Bring your pict | ture | Garcia | | |
| | identification to meeting with the | | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) |
| | | | | | |
| 2. | All other nam | | | | |
| | Include your m maiden names | | | | |
| 3. | Only the last your Social S number or fee Individual Tas Identification (ITIN) | ecurity deral xpayer | xxx-xx-8855 | | |

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Case number (if known) Debtor 1 Sonia Garcia

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 722 N Willard Ct | If Debtor 2 lives at a different address: |
| | | Chicago, IL 60642 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Case number (if known) Debtor 1 Sonia Garcia

| ar | t 2: Tell the Court About | Your B | Bankruptcy Ca | ise | | |
|---------|--|------------|----------------------------------|--|---|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box. |
| | choosing to file under | ■ C | hapter 7 | | | |
| | | □с | hapter 11 | | | |
| | | □с | hapter 12 | | | |
| | | □с | hapter 13 | | | |
| | | | | | | |
| 3. | How you will pay the fee | | about how yo | ou may pay. Typi attorney is subm | cally, if you are paying the fee yo | k with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with |
| | | | | | allments. If you choose this optic (Official Form 103A). | on, sign and attach the Application for Individuals to Pay |
| | | | but is not req applies to you | uired to, waive your family size and | our fee, and may do so only if yo d you are unable to pay the fee ir | n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out its fill form 103B) and file it with your petition. |
| | | | ше пррпоси | on to have the of | rapier 7 ming 7 00 Walved (Office | ian roll root, and lie it was your pouton. |
|). | Have you filed for bankruptcy within the | ■ No | | | | |
| | last 8 years? | ☐ Ye | | | | |
| | | | District | | | Case number |
| | | | District | | When | Case number |
| | | | District | | When | Case number |
| 10. | Are any bankruptcy | ■ No | 0 | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | es. | | | |
| | | | Debtor | | | Relationship to you |
| | | | District | | When | Case number, if known |
| | | | Debtor | | | Relationship to you |
| | | | District | | When | Case number, if known |
| I1. | Do you rent your | | o. Go to I | ine 12. | | |
| | residence? | ■ Ye | _s Has yo | our landlord obtai | ned an eviction judgment agains | t you and do you want to stay in your residence? |
| | | — . r | | No. Go to line 1 | 2. | • |
| | | | _ | Yes. Fill out <i>Init</i> bankruptcy petit | | Judgment Against You (Form 101A) and file it with this |

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Desc Main Document Page 4 of 55 Case number (if known) Debtor 1 Sonia Garcia Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No.

property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Sonia Garcia Document Page 5 of 55

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known)

| Deb | tor 1 Sonia Garcia | | Boodii | | Case numbe | (if known) |
|------|---|----------------------|---|-----------------------------|---|---|
| Part | 6: Answer These Quest | ions for Re | porting Purposes | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily individual primarily for a pe | | | ned in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16b. | Are your debts primarily money for a business or in | | | |
| | | | ☐ No. Go to line 16c. | | | |
| | | | ☐ Yes. Go to line 17. | | | |
| | | 16c. | State the type of debts you | u owe that are not consu | ımer debts or busines | s debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapt | ter 7. Go to line 18. | | |
| | Do you estimate that after any exempt | ■ Yes. | I am filing under Chapter 7 are paid that funds will be | | | erty is excluded and administrative expenses |
| | property is excluded and administrative expenses | | □No | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ■ Yes | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | 2 5,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,00 | | ☐ 50,001-100,000 |
| | | ☐ 100-19 ☐ 200-99 | | ☐ 10,001-25,0 | 000 | ☐ More than100,000 |
| 19. | How much do you | | 50,000 | □ \$1,000,001 | | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 1 - \$100,000 | | 11 - \$50 million 11 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion |
| | | | 01 - \$500,000 01 - \$1 million | | 01 - \$500 million | ☐ More than \$50 billion |
| 20. | How much do you estimate your liabilities | □ \$0 - \$5 | | □ \$1,000,001 | | ☐ \$500,000,001 - \$1 billion |
| | to be? | + , - | 01 - \$100,000 | | 11 - \$50 million 11 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion |
| | | | 01 - \$500,000 01 - \$1 million | | 01 - \$500 million | ☐ More than \$50 billion |
| Part | 7: Sign Below | | | | | |
| For | you | I have exa | amined this petition, and I d | leclare under penalty of | perjury that the inforn | nation provided is true and correct. |
| | | | | | | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7. |
| | | | ney represents me and I die , I have obtained and read | | | t an attorney to help me fill out this |
| | | I request | relief in accordance with the | e chapter of title 11, Unit | ted States Code, spec | cified in this petition. |
| | | | y case can result in fines u | | | or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Sonia G | | | Signature of Debtor | r 2 |
| | | Executed | on May 10, 2016 | | Executed on | |
| | | | MM / DD / YYYY | | MM | / DD / YYYY |
| | | | | | | |

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Debtor 1 Sonia Garcia Document Page 7 of 55 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Julie Gleason | Date | May 10, 2016 | |
|--|---------------|--------------------|--|
| Signature of Attorney for Debtor | | MM / DD / YYYY | |
| | | | |
| Julie Gleason | | | |
| Printed name | | | |
| Gleason & Gleason | | | |
| Firm name | | | |
| 77 W Washington, Ste 1218 | | | |
| Chicago, IL 60602 | | | |
| Number, Street, City, State & ZIP Code | | | |
| Contact phone (312) 578-9530 | Email address | troy@chicagobk.com | |
| 6273536 | | | |
| Bar number & State | | | |

| Debtor 1 | mation to identify your Sonia Garcia | | | |
|-----------------------|--------------------------------------|-------------------|-------------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number if known) | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | | assets of what you own |
|-----|--|----------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 7,394.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 7,394.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 252,154.43 |
| | Your total liabilities | \$ | 252,154.43 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,566.35 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 837.33 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your | other sc | :hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| ۲. | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | personal | l, family, or |

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

Debtor 1 Sonia Garcia Document Page 9 of 55 Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | | |
|----|--|-----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$_ | |

\$______3,250.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Debtor 1 Debtor 2 (Spouse, if filing) United States Bankri Case number Official Form Schedule In each category, sepathink it fits best. Be as | Sonia Garcia First Name First Name uptcy Court for the: 106A/B A/B: Prop rately list and describ s complete and accura | | | | ☐ Check if this is an amended filing |
|--|---|---|---|--|---|
| Debtor 2 (Spouse, if filing) United States Bankri Case number Official Form Schedule In each category, sepathink it fits best. Be as information. If more sp | First Name First Name uptcy Court for the: 106A/B A/B: Prop rately list and describ complete and accura | Middle Name NORTHERN DISTRICT OF I | Last Name | | |
| Debtor 2 (Spouse, if filing) United States Bankri Case number Official Form Schedule In each category, sepathink it fits best. Be as information. If more sp | in 106A/B A/B: Proprately list and describs complete and accura | Middle Name NORTHERN DISTRICT OF I | Last Name | | |
| Official Form Schedule In each category, sepathink it fits best. Be as information. If more sp | n 106A/B A/B: Proprately list and describs complete and accura | NORTHERN DISTRICT OF I | LLINOIS | | |
| Official Form Schedule In each category, sepathink it fits best. Be as information. If more sp | 106A/B A/B: Proprately list and describe complete and accura | | | | |
| Official Form Schedule In each category, sepathink it fits best. Be as information. If more sp | 1 106A/B A/B: Prop rately list and describ complete and accura | | | | |
| Schedule In each category, sepathink it fits best. Be as information. If more sp | A/B: Proprately list and describe complete and accura | ertv | | | |
| Schedule In each category, sepathink it fits best. Be as information. If more sp | A/B: Proprately list and describe complete and accura | ertv | | | |
| Schedule In each category, sepathink it fits best. Be as information. If more sp | A/B: Proprately list and describe complete and accura | ertv | | | |
| Schedule In each category, sepathink it fits best. Be as information. If more sp | A/B: Proprately list and describe complete and accura | ertv | | | |
| In each category, sepa think it fits best. Be as information. If more sp | rately list and describ complete and accura | <u>ertv</u> | | | |
| think it fits best. Be as information. If more sp | complete and accura | City | | | 12/15 |
| | i. | te as possible. If two married pe a separate sheet to this form. O | ople are filing together, both a n the top of any additional pag | re equally responsible for s | upplying correct |
| Part 1: Describe Eac | h Residence, Building | յ, Land, or Other Real Estate You | Own or Have an Interest In | | |
| 1. Do you own or have | any legal or equitable | e interest in any residence, build | ing, land, or similar property? | | |
| No. Go to Part 2. | | | | | |
| ☐ Yes. Where is the | e property? | | | | |
| Part 2: Describe You | ır Vehicles | | | | |
| | • | e, also report it on Schedule G | 6: Executory Contracts and U | Inexpired Leases. | |
| 3.1 Make: Me | rcedes | Who has an interest i | n the property? Check one | Do not deduct secured of | claims or exemptions. Put |
| 0.1 Make | K 430 | Debtor 1 only | in the property: oneck one | | ed claims on Schedule D: ims Secured by Property. |
| Year: 200 | | Debtor 2 only | | | |
| Approximate m | | Debtor 1 and Debtor | r 2 only | Current value of the entire property? | Current value of the portion you own? |
| Other information | on: | At least one of the o | • | | |
| Motor Vehic | ele: | Check if this is co | mmunity property | \$4,870.00 | \$4,870.00 |
| • | railers, motors, perso | TVs and other recreational versels watercraft, fishing vessels | , snowmobiles, motorcycle a | ccessories | |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| Debtor 1 | | | 11 of 55 Case number (| |
|---|--|-------------------------------|-------------------------------|---|
| ■ Yes | . Describe | | | |
| | Misc. Household Good tables, chairs, sofas) | s (Bedroom Furniture, I | Kitchen Appliances, | \$1,100.00 |
| □ No | onics oles: Televisions and radios; audio, video, stered including cell phones, cameras, media play Describe | | nputers, printers, scanners | ; music collections; electronic devices |
| | Consumer Electronics Stereos) | (Including Televisions, | Radios, Phones, | \$250.00 |
| Examp | ibles of value oles: Antiques and figurines; paintings, prints, or other collections, memorabilia, collectibles . Describe | other artwork; books, picture | es, or other art objects; sta | mp, coin, or baseball card collections; |
| | Books, Pictures, Video | s, and DVDs | | \$10.00 |
| 10. Fireari Exam ■ No □ Yes. 11. Clothe Exam □ No | pples: Pistols, rifles, shotguns, ammunition, and Describe | | ies | |
| | Used Clothing | | | \$300.00 |
| ☐ No | ples: Everyday jewelry, costume jewelry, engag | | heirloom jewelry, watches | |
| | Misc. Costume Jewelry | | | \$200.00 |
| Exam ■ No □ Yes. | arm animals nples: Dogs, cats, birds, horses Describe ther personal and household items you did i | not already list, including a | any health aids you did n | ot list |
| ■ No □ Yes. | . Give specific information | | | |

Official Form 106A/B Schedule A/B: Property page 2

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| Debtor 1 | Sonia Garcia | Case num | ber (if known) |
|-------------------------|---|---|--|
| | | from Part 3, including any entries for pages you have | attached \$1,860.00 |
| Dort 4: Do | escribe Your Financial Assets | | |
| | wn or have any legal or equitable inte | rest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | ples: Money you have in your wallet, in | your home, in a safe deposit box, and on hand when you | file your petition |
| _ 100. | | | on Hand \$150.00 |
| | | ial accounts; certificates of deposit; shares in credit unions counts with the same institution, list each. | s, brokerage houses, and other similar |
| Yes. | | Institution name: | |
| | 17.1. Checking | PNC | \$114.00 |
| | | - | |
| | 17.2. | PNC | \$400.00 |
| 19. Non-p | | issuer name: incorporated and unincorporated businesses, includio | ng an interest in an LLC, partnership, and |
| | Give specific information about them Name of entity: | | nership: |
| Negot Non-ri ■ No | tiable instruments include personal chec | er negotiable and non-negotiable instruments iks, cashiers' checks, promissory notes, and money order nnot transfer to someone by signing or delivering them. | s. |
| Exam | ment or pension accounts ples: Interests in IRA, ERISA, Keogh, 40 | 01(k), 403(b), thrift savings accounts, or other pension or | profit-sharing plans |
| ■ No □ Yes. | List each account separately. Type of account: | Institution name: | |
| Your s Exam | | nade so that you may continue service or use from a comp d rent, public utilities (electric, gas, water), telecommunica | |
| ■ No □ Yes. | | Institution name or individual: | |
| 23. Annui | ties (A contract for a periodic payment o | of money to you, either for life or for a number of years) | |

| | | Case 16-15901 | Doc 1 | Filed 05/10/16 Document | Entered 05/10/16 17:15:21 Page 13 of 55_ | Desc Main |
|------|------------------|---|---------------------------|-----------------------------|--|---|
| De | btor 1 | Sonia Garcia | | | Case number (if known) | |
| | | s in an education IRA, in C. §§ 530(b)(1), 529A(b), a | | n a qualified ABLE pro | gram, or under a qualified state tuition pro | ogram. |
| | □ Yes | Institution na | ame and desc | ription. Separately file th | e records of any interests.11 U.S.C. § 521(c): | |
| | ■ No | equitable or future inter | | rty (other than anythin | g listed in line 1), and rights or powers exe | ercisable for your benefit |
| | Patents | s, copyrights, trademarks | s, trade secre | | | |
| | ■ No | Give specific information a | | oceeus nom royallies a | nu licensing agreements | |
| | License | es, franchises, and other | general intar | | n holdings, liquor licenses, professional licens | 00 |
| | ■ No | Give specific information a | | cooperative association | rriolalitys, liquol licerises, professional liceris | 65 |
| | | • | | | | Current value of the |
| IVIC | oney or p | property owed to you? | | | | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refu ■ No | unds owed to you | | | | |
| | | Give specific information a | bout them, inc | luding whether you alrea | ady filed the returns and the tax years | |
| | ■ No | | | isal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| 30. | | mounts someone owes les: Unpaid wages, disabil benefits; unpaid loans | ity insurance p | | efits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| | ■ No □ Yes. | Give specific information | | | | |
| | | s in insurance policies les: Health, disability, or lif | e insurance; h | ealth savings account (I | HSA); credit, homeowner's, or renter's insurar | nce |
| | | Name the insurance comp Com | any of each ponpany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| | | Ter | m Life Insur | ance Policy - No CS | SV | \$0.00 |
| | If you a someor | erest in property that is or the beneficiary of a living the has died. Give specific information | ng trust, expec | | d surance policy, or are currently entitled to rece | eive property because |
| | Exampi ■ No | against third parties, wh | | | t or made a demand for payment to sue | |

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|---|------------------------|
| Debtor 1 Sonia Garcia Case number (if known) | |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to ■ No □ Yes. Describe each claim | set off claims |
| 35. Any financial assets you did not already list | |
| ■ No | |
| ☐ Yes. Give specific information | |
| | |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | \$664.00 |
| | |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
| 37. Do you own or have any legal or equitable interest in any business-related property? | |
| ■ No. Go to Part 6. | |
| ☐ Yes. Go to line 38. | |
| | |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. | |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? | |
| No. Go to Part 7. | |
| ☐ Yes. Go to line 47. | |
| 2 166. GG to line 11. | |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above | |
| 52. De you have other property of any kind you did not already list? | |
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | |
| ■ No | |
| ☐ Yes. Give specific information | |
| 54. Add the dellegender of all of communities from Best 7. Melicothet combined as | *** |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here | \$0.00 |
| Part 8: List the Totals of Each Part of this Form | |
| Elst the Totals of Each Fart of this Form | |
| 55. Part 1: Total real estate, line 2 | \$0.00 |
| 56. Part 2: Total vehicles, line 5 \$4,870.00 | |
| 57. Part 3: Total personal and household items, line 15 \$1,860.00 | |
| 58. Part 4: Total financial assets, line 36 \$664.00 | |
| 59. Part 5: Total business-related property, line 45 \$0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 + \$0.00 | |
| 61. Part 7: Total other property not listed, line 54 + \$0.00 | |
| 62. Total personal property. Add lines 56 through 61 \$7,394.00 Copy personal property to | otal \$7,394.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | \$7,394.00 |

Official Form 106A/B Schedule A/B: Property page 5

| | | DUGUITE | III FAUE TO OLOO | |
|---------------------|--------------------------|-------------------|------------------|-----------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Sonia Garcia | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exe | mpt |
|--|-----|
|--|-----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2004 Mercedes CLK 430 350000 miles Motor Vehicle: | \$4,870.00 | • | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2004 Mercedes CLK 430 350000 miles Motor Vehicle: | \$4,870.00 | | \$2,470.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Misc. Household Goods (Bedroom Furniture, Kitchen Appliances, | \$1,100.00 | | \$1,100.00 | 735 ILCS 5/12-1001(b) |
| tables, chairs, sofas) Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Consumer Electronics (Including Televisions, Radios, Phones, | \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) |
| Stereos) Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Books, Pictures, Videos, and DVDs Line from Schedule A/B: 8.1 | \$10.00 | | 100% | 735 ILCS 5/12-1001(a) |
| Ellie IIOIII Soriedule Arb. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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Case number (if known)

| Debio | Sollia Galcia | | | | |
|-------|---|--------------------------------------|-----------------------------------|---|------------------------------------|
| | rief description of the property and line on chedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Ised Clothing ine from Schedule A/B: 11.1 | \$300.00 | | 100% | 735 ILCS 5/12-1001(a) |
| | ine non concade //E. TTT | | | 100% of fair market value, up to any applicable statutory limit | |
| | lisc. Costume Jewelry | \$200.00 | | \$20.00 | 735 ILCS 5/12-1001(b) |
| LI | ine nom <i>Scredule A/B.</i> 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| _ | Cash on Hand ine from Schedule A/B: 16.1 | \$150.00 | | \$150.00 | 735 ILCS 5/12-1001(b) |
| LI | ine Irom <i>Scriedule A/b.</i> 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: PNC | \$114.00 | | \$114.00 | 735 ILCS 5/12-1001(b) |
| LI | ine nom <i>Scredule Arb.</i> 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| - | NC ine from Schedule A/B: 17.2 | \$400.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| L | ine nom <i>Schedule A/B</i> . 1112 | | | 100% of fair market value, up to any applicable statutory limit | |
| | re you claiming a homestead exemption Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustmen | nt.) |
| | ■ No | , | | | , |
| | Yes. Did you acquire the property cove | red by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | □ No | • | | • | |
| | □ Yes | | | | |

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| Fill in this infor | | | | |
|---------------------|--------------------------|-------------------|-------------|---------------------|
| Debtor 1 | Sonia Garcia | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is ar |
| | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | Case 10-15901 DOC 1 | | e 18 of 55 | 5.21 Desc Main |
|-------------|--|--|---------------------------------------|--|
| Fill in | this information to identify your case: | DOGMING.III I AM | . 10 01 33 | |
| Debto | r 1 Sonia Garcia | | | 7 |
| DCDIO | | Middle Name Last Nar | me | |
| Debto | | | | |
| (Spouse | if, filing) First Name N | Middle Name Last Nar | me | |
| United | States Bankruptcy Court for the: NOR1 | THERN DISTRICT OF ILLINOIS | | |
| Case i | number | | | |
| (if knowr | | | | ☐ Check if this is an |
| | | | | amended filing |
|)ffic | ial Form 106E/F | | | |
| | edule E/F: Creditors Who H | ave Uncoured Claim | ne | 12/15 |
| | omplete and accurate as possible. Use Part 1 | | | |
| eft. Atta | le D: Creditors Who Have Claims Secured by ach the Continuation Page to this page. If you nd case number (if known). List All of Your PRIORITY Unsecure | have no information to report in a F | | |
| | any creditors have priority unsecured claims | | | |
| _ | No. Go to Part 2. | agamet year | | |
| | Yes. | | | |
| ∟ Part 2 | | cured Claims | | |
| | any creditors have nonpriority unsecured cla | | | |
| _ | No. You have nothing to report in this part. Subn | | r schedules | |
| | | The time form to the boart with your other | oonoadioo. | |
| - | Yes. | | | |
| un: tha | at all of your nonpriority unsecured claims in to secured claim, list the creditor separately for each an one creditor holds a particular claim, list the other to 2. | n claim. For each claim listed, identify v | what type of claim it is. Do not list | claims already included in Part 1. If more |
| | | | | Total claim |
| 4.1 | Accred Home | Last 4 digits of account num | ber 9486 | Unknown |
| | Nonpriority Creditor's Name | | 0 1 0/00/00 1 | |
| | 16550 W Bernardo Dr. Bldg 1 San Diego, CA 92127 | When was the debt incurred | Opened 3/09/06 L ? 5/15/06 | ast Active |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the cl | laim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unse | cured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | separation agreement or divorce | that you did not |
| | Is the claim subject to offset? | report as priority claims | sharing plans, and other similar de | abte |
| | ■ No | | | :013 |
| | ☐ Yes | Other Specify Real Es | state Mortgage | |

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Debtor 1 Sonia Garcia Case number (if know) 4.2 **Accredited Home Lender** Last 4 digits of account number 9485 Unknown Nonpriority Creditor's Name Opened 3/01/06 Last Active 16550 W Bernardo Dr. Bldg 1 When was the debt incurred? 5/15/06 San Diego, CA 92127 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other, Specify Real Estate Mortgage 4.3 Advanced Collection Bu Last 4 digits of account number 4950 \$91.00 Nonpriority Creditor's Name Opened 10/01/12 Po Box 560063 When was the debt incurred? Rockledge, FL 32956 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collection Attorney Robert M Faber Md Pa 4.4 Last 4 digits of account number 6844 \$54.00 Nonpriority Creditor's Name 1801 Nw 66th Ave When was the debt incurred? Fort Lauderdal, FL 33313 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Med1 02 Florida Hosp Med Svcs Inc ☐ Yes

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Case number (if know) Debtor 1 Sonia Garcia 4.5 ARS Account Resolution Last 4 digits of account number \$54.00 Nonpriority Creditor's Name 1801 NW 66th Ave, Ste 200 When was the debt incurred? Fort Lauderdale, FL 33313 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Boca Radiology Group** 4.6 Last 4 digits of account number \$152.00 Nonpriority Creditor's Name PO box 810578 When was the debt incurred? Boca Raton, FL 33481 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.7 **Boca Raton Regional Hospital** Last 4 digits of account number \$600.00 Nonpriority Creditor's Name 800 Meadows Road When was the debt incurred? Boca Raton, FL 33486 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 Sonia Garcia Case number (if know) 4.8 Capital One Bank Usa N Last 4 digits of account number 9360 \$3,491.00 Nonpriority Creditor's Name Opened 5/01/00 Last Active 15000 Capital One Dr When was the debt incurred? 11/05/09 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.9 Capital One Bank Usa N Last 4 digits of account number 5284 \$2,757.00 Nonpriority Creditor's Name Opened 12/01/01 Last Active 15000 Capital One Dr When was the debt incurred? 11/05/09 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 8392 \$548.00 Cci Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Contract Callers I Augusta, GA 30901 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify 10 Comed 26499

Official Form 106 E/F

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Case number (if know) Debtor 1 Sonia Garcia 4.1 **Cook County Health** \$317.00 Last 4 digits of account number Nonpriority Creditor's Name 25706 Network PI When was the debt incurred? Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 **Ditech Financial LIc** 6175 Last 4 digits of account number \$44,943.00 Nonpriority Creditor's Name Opened 3/01/06 Last Active Po Box 6172 5/11/09 When was the debt incurred? Rapid City, SD 57709 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No Real Estate Mortgage ☐ Yes Other. Specify Sold at Judicial Sale 1/5/2011 4.1 First Federal Credit C 5104 \$153.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 24700 Chagrin Blvd Ste 2 When was the debt incurred? Opened 4/01/13 Cleveland, OH 44122 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Ctr Of Cent Fla ☐ Yes

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Debtor 1 Sonia Garcia Case number (if know) 4.1 **Global Netwk** 0253 \$4,401.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 8/13/08 Last Active 5320 College Blvd When was the debt incurred? 5/17/10 Shawnee Missio, KS 66211 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Check Credit Or Line Of Credit ☐ Yes 4.1 **Gulf Coast Collection** 6539 \$84.00 Last 4 digits of account number Nonpriority Creditor's Name 5630 Marquesas Cir When was the debt incurred? Opened 6/01/13 Sarasota, FL 34233 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Florida Arthritis ☐ Yes Other. Specify Rheumati 4.1 I C System Inc 2001 \$345.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Po Box 64378 When was the debt incurred? Opened 2/01/10 Saint Paul, MN 55164 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Grand Dental** ☐ Yes ■ Other. Specify Associates P. C.

| or 1 Sonia Garcia | Case number (if know) | |
|--|---|---------|
| Illinois Department of Revenue | Last 4 digits of account number | Unknown |
| Nonpriority Creditor's Name Bankruptcy Section PO Box 64338 | When was the debt incurred? | |
| Chicago, IL 60664-0338 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | |
| Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Notice Only | |
| Illinois Dept of Employment Securit | Last 4 digits of account number Notic Only | Unknown |
| Nonpriority Creditor's Name | | |
| Bankruptcy Unit Collection Subdivis 33 S State St 10th Floor | When was the debt incurred? | |
| Chicago, IL 60603 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | The or the date you me, the dam to order an interapply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Notice Only | |
| Internal Revenue Service | Last 4 digits of account number | Unknown |
| Nonpriority Creditor's Name | Last 4 digits of account number | OHRHOWH |
| PO Box 7346 Philadelphia, PA 19101-7346 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | |

☐ Yes

■ Other. Specify Notice Only

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Case number (if know)

| Debt | or 1 Sonia Garcia | —————————————————————————————————————— | Case number (if know) | | | |
|----------|--|---|--|------------|--|--|
| 4.2 0 | Jefferson Capital Syst | Last 4 digits of account number | 6003 | \$1,682.00 | | |
| | Nonpriority Creditor's Name 16 Mcleland Rd Saint Cloud, MN 56303 | When was the debt incurred? | Opened 2/01/10 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | • , | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | a plane, and other similar debts | | | |
| | ■ No | | = 1 | | | |
| | Yes | Other. Specify Factoring C | Company Account Aspire Card | | | |
| 4.2 1 | Kohls/capone | Last 4 digits of account number | 3723 | \$430.00 | | |
| | Nonpriority Creditor's Name | | Opened 11/21/09 Lest Active | | | |
| | N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 | When was the debt incurred? | Opened 11/21/08 Last Active 3/18/10 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | ■ Other Specify Charge Acc | count | | | |
| | | | | | | |
| 4.2 2 | Midland Funding | Last 4 digits of account number | 8480 | \$2,019.00 | | |
| | Nonpriority Creditor's Name 2365 Northside Dr Ste 30 San Diego, CA 92108 | When was the debt incurred? | Opened 7/01/11 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | |
| | \square At least one of the debtors and another | ☐ Check if this claim is for a community ☐ Student loans | | | | |
| | Check if this claim is for a community | | | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | - | | Company Account Hsbc Bank | | | |
| | Yes | Other Specify Nevada N. | | | | |

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Case number (if know)

| Soliia Garcia | | Case Hulliber (II know) | | | | |
|--|--|---|--|--|--|--|
| Midland Funding | Last 4 digits of account number | 2434 | \$1,295.00 | | | |
| 2365 Northside Dr Ste 30 | When was the debt incurred? | Opened 5/01/12 | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| □Yes | ■ Other. Specify Factoring (Bank | Company Account Ge Money | | | | |
| Ocwen Loan Servicing L | Last 4 digits of account number | 0417 | \$183,920.00 | | | |
| Nonpriority Creditor's Name | _ | | | | | |
| 1661 Worthington Rd Suite 100 West Palm Beach, FL 33409 | When was the debt incurred? | 8/31/10 Last Active | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| At least one of the debtors and another | | d claim: | | | | |
| ☐ Check if this claim is for a community | _ | | | | | |
| Is the claim subject to offset? | report as priority claims | | | | | |
| ■ No | | | | | | |
| Yes | | | | | | |
| Peoples Engy | Last 4 digits of account number | 1747 | \$553.00 | | | |
| 200 East Randolph | When was the debt incurred? | Opened 8/12/10 Last Active 4/13/11 | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | | | | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | | |
| ☐ At least one of the debtors and another | • | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | |
| ■ No | Debts to pension or profit-sharing | | | | | |
| ☐ Yes | ■ Other. Specify Agriculture | | | | | |
| | Midland Funding Nonpriority Creditor's Name 2365 Northside Dr Ste 30 San Diego, CA 92108 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Ocwen Loan Servicing L Nonpriority Creditor's Name 1661 Worthington Rd Suite 100 West Palm Beach, FL 33409 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Peoples Engy Nonpriority Creditor's Name 200 East Randolph Chicago, IL 60601 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No | Midland Funding | Midland Funding Nonpriority, Creditor's Name 2434 When was the debt incurred? Opened 5/01/12 | | | |

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Debtor 1 Sonia Garcia Case number (if know) 4.2 **Peoples Trust Federal** 0451 \$2,243.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 7/01/09 Last Active 777 Walker St Ste 2400 When was the debt incurred? 12/07/15 Houston, TX 77002 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.2 **Peoples Trust Federal** 0450 Unknown Last 4 digits of account number Nonpriority Creditor's Name Opened 7/01/09 Last Active 777 Walker St Ste 2400 When was the debt incurred? 3/01/12 Houston, TX 77002 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.2 **Sports Ortho** \$22.43 Last 4 digits of account number 8 Nonpriority Creditor's Name PO box 100988 When was the debt incurred? Atlanta, GA 30384 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Document Page 28 of 55 Debtor 1 Sonia Garcia Case number (if know) 4.2 **University Hospital and Medical** \$2,000.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 7201 N University Dr When was the debt incurred? Fort Lauderdale, FL 33321 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Florida Hospital Med Svcs Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO box 630707 Part 2: Creditors with Nonpriority Unsecured Claims Crown City, OH 45623 Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | \$ | Total Claim |
| Total claims | Oi. | ottuent loans | OI. | Φ | 0.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 252,154.43 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 252,154.43 |

| | | BOOM | 111 1 11111 23 01 00 | |
|---------------------|-------------------------|-------------------|----------------------|--|
| Fill in this inform | nation to identify your | case: | | |
| Debtor 1 | Sonia Garcia | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | <u> </u> |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | City | | State | ZIF Code | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | , | | | | |
| 2.4 | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | | | - | | |
| 2.0 | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| | Jily | | Ciaio | 211 0000 | |

| | | Docume | ent Page 30 d | of 55 | |
|------------------------------|--|---|---|-------------------------|---|
| Fill in this | s information to identify your | case: | | | |
| | | | | | |
| Debtor 1 | Sonia Garcia First Name | Middle Name | Last Name | | |
| Dobtor 0 | i iistivaille | Wildule Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| (0)0000 | g/ | made Hamo | <u> </u> | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| _ | | | | | |
| Case num (if known) | nber | | | | Charlettelera |
| (II KIIOWII) | | | | | Check if this is an |
| | | | | | amended filing |
| Officia | l Form 106H | | | | |
| | | | | | |
| Sched | dule H: Your Cod | ebtors | | | 12/15 |
| | | | | | |
| our name | e and case number (if known) you have any codebtors? (if |). Answer every question | | | of any Additional Pages, write |
| 1. 50 | you have any codebiols: (II | you are ming a joint case, | do not list ettiler spouse | as a codebior. | |
| ■ No □ Yes | | | | | |
| Arizor No Yes 3. In Co | | , Nevada, New Mexico, Pu use, or legal equivalent live | erto Rico, Texas, Wash with you at the time? spouse as a codebtor | ington, and Wisconsin.) | with you. List the person shown |
| Form | | | | | creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor | | | Column 2: The cred | litor to whom you owe the debt |
| | Name, Number, Street, City, State and Z | IP Code | | Check all schedules | that apply: |
| 2.1 | | | | Cohodulo D lino | |
| 3.1 | Name | | | Schedule D, line | |
| | Name | | | ☐ Schedule E/F, lin | |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | _ | |
| 3.2 | | | | _ D Schedule D, line | |
| | Name | | | ☐ Schedule E/F, lin | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| E :11 | in this information | 4- :- 4:6 | | | | | 1 | | | | |
|--------------------|--|---|---|---------------------------|----------|-------|------------|--------------|-----------------------|---------------------------|----------|
| | in this information to | Sonia Garci | | | | | | | | | |
| | otor 2 ouse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankrup | otcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| _ | se number nown) | | | - | | | □ A | | ed filing ent show | ving postpetition | |
| 0 | fficial Form | <u> 1061</u> | | | | | N | MM / DD/ | YYYY | | |
| S | chedule I: | Your Inc | ome | | | | | | | | 12/15 |
| spo atta Par | use. If you are sep ch a separate she | parated and you let to this form. be Employment | are married and not filing wi or spouse is not filing wi On the top of any addition | ith you, do not include | infor | mati | on about | t your sp | ouse. If ı | more space is | needed, |
| 1. | Fill in your empl information. | loyment | | Debtor 1 | | | | Debtor | 2 or non | -filing spouse | |
| | If you have more | | Employment status | ■ Employed | | | | ☐ Emp | • | | |
| | attach a separate page with information about additional | | | ☐ Not employed | | | | □ Not e | employed | 1 | |
| | employers. | | Occupation | Office | | | | | | | |
| | Include part-time self-employed wo | | Employer's name | Delaware Realty G | roup |) | | | | | |
| | Occupation may or homemaker, if | | Employer's address | | | | | | | | |
| | | | How long employed to | here? 5 months | | | | _ | | | |
| Par | t 2: Give De | etails About Mo | nthly Income | | | | | | | | |
| | mate monthly incouse unless you are | | ate you file this form. If | you have nothing to repo | ort for | any | ine, write | e \$0 in the | e space. I | Include your no | n-filing |
| | u or your non-filing e space, attach a s | | ore than one employer, co | ombine the information fo | or all e | emplo | oyers for | that pers | on on the | lines below. If | you need |
| | | | | | | | For Del | btor 1 | | Debtor 2 or filing spouse | |
| 2. | | | ry, and commissions (becalculate what the month) | | 2. | \$ | 3 | ,250.00 | \$ | N/A | - |
| 3. | Estimate and lis | st monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$_ | N/A | _ |
| 1 | Calculate gross | Incomo Add li | 2 1 lino 2 | | 1 | • | 2 2 | E0 00 | ¢ | NI/A | 1 |

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| Deb | tor 1 | Sonia Garcia | - | C | Case number (if kr | own) | | | | |
|-----|--------------------|--|------------|----|--------------------|------|------|--------------------------|-------------|-----------|
| | | | | | For Debtor 1 | | | or Debtor on-filing s | | |
| | Cop | by line 4 here | 4. | | \$3,250 | 0.00 | \$ | | N/A | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ 683 | 3.65 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | | 0.00 | \$ | - | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | | \$ | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e. | | | 0.00 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | | 0.00 | \$ | | N/A | _ |
| | 5g. 5h. | Union dues Other deductions Specific | 5g. 5h. | | . — | 0.00 | + \$ | | N/A | _ |
| _ | | Other deductions. Specify: | _ | | · | 0.00 | | | N/A | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | | 3.65 | \$ | | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ 2,566 | 3.35 | \$ | | N/A | _ |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | | \$ | .00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | | \$ | 0.00 | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ (| 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | | \$ | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e. | | \$ | 0.00 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | | 0.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g. | | | 0.00 | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | _ 8h. | .+ | \$ | 0.00 | + \$ | | N/A | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | \$ | | N/A | A |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2,566.35 | + \$ | | N/A | = \$ | 2,566.35 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | , | | | | j | , |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify: | depe | | . • | | , | Schedule | e J. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | | \$Combi | 2,566.35 |
| 40 | D- | and the second section in the second section is a second section of the second section | 2 | | | | | | month | ly income |
| 13. | ■ Do | you expect an increase or decrease within the year after you file this form No. | <i>'</i> | | | | | | | |
| | П | Yes, Explain: | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fill | in this information to identify your case: | | | | | |
|-----------|--|--|--|-----------------------------|---|--|
| Deb | otor 1 Sonia Garcia | | | Check | c if this is: | |
| 1 | otor 2 | | | | | ving postpetition chapter the following date: |
| ` . | ted States Bankruptcy Court for the: NORTH | HERN DISTRICT OF ILLING | OIS | _ | MM / DD / YYYY | |
| | se number | | | | | |
| | known) | | | | | |
| Of | fficial Form 106J | | | | | |
| | chedule J: Your Exper | | | | | 12/15 |
| info | as complete and accurate as possible ormation. If more space is needed, atta mber (if known). Answer every questio | ch another sheet to this t | | | | |
| Par 1. | rt 1: Describe Your Household Is this a joint case? | | | | | |
| | No. Go to line 2. | ata hayaahald? | | | | |
| | ☐ Yes. Does Debtor 2 live in a separ☐ No | ate nousenoid? | | | | |
| | ☐ Yes. Debtor 2 must file Offici | al Form 106J-2, <i>Expenses</i> | for Separate Househ | old of Debto | or 2. | |
| 2. | Do you have dependents? ■ No | | | | | |
| | Do not list Debtor 1 and Yes. Debtor 2. | Fill out this information for each dependent | Dependent's relation Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | | - | | | ☐ Yes ☐ No |
| | | | | | | ☐ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| | | | | | | □ No □ Yes |
| 3. | Do your expenses include | No | | | | □ res |
| | expenses of people other than | Yes | | | | |
| | yourself and your dependents? | | | | | |
| Est | tt 2: Estimate Your Ongoing Monthl timate your expenses as of your bankrupto penses as of a date after the bankrupto plicable date. | uptcy filing date unless y | ou are using this for lemental Schedule | rm as a sup J, check the | oplement in a Cha e box at the top o | pter 13 case to report f the form and fill in the |
| the | clude expenses paid for with non-cash e value of such assistance and have inc fficial Form 106I.) | | | | Your expe | enses |
| ,01 | | | | | | |
| 4. | The rental or home ownership expension payments and any rent for the ground of | | nclude first mortgage | 4. \$ | | 750.00 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter | | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and t4d. Homeowner's association or con | | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for vo | | me equity loans | 4u. \$ 5. \$ | - | 0.00 |

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| Deb | tor 1 | Sonia Garcia | l | Case number (if known) | | | | |
|-----|--------|---------------------------------|-------------------------------------|---|-----------------|--------|----------------------------|--|
| 6. | Utilit | ies: | | | | | | |
| - | 6a. | Electricity, hear | t, natural gas | | 6a. | \$ | 0.00 | |
| | 6b. | • | garbage collection | | 6b. | \$ | 0.00 | |
| | 6c. | | l phone, Internet, satellite, ar | nd cable services | 6c. | | 0.00 | |
| | 6d. | Other. Specify: | | | 6d. | · | 0.00 | |
| 7. | | and housekee | | | 7. | \$ | 0.00 | |
| 8. | | | en's education costs | | 8. | \$ | 0.00 | |
| 9. | | | nd dry cleaning | | 9. | \$ | 0.00 | |
| | | | icts and services | | 10. | · | 0.00 | |
| 11. | | cal and dental | | | 11. | · | 0.00 | |
| | | | ude gas, maintenance, bus o | er train fora | 11. | Ψ | 0.00 | |
| 12. | | ot include car pa | | i italii iaie. | 12. | \$ | 0.00 | |
| 13. | | | s, recreation, newspapers, | magazines, and books | 13. | \$ | 0.00 | |
| | | | ions and religious donatio | = | 14. | · | 0.00 | |
| | | rance. | ions and rengious donatio | 113 | 17. | Ψ | 0.00 | |
| 15. | | | nce deducted from your pay | or included in lines 4 or 20 | | | | |
| | | Life insurance | nee deddeled nom year pay | or moradoa in imios 4 or 20. | 15a. | \$ | 17.00 | |
| | | Health insuran | Se. | | 15b. | · | 0.00 | |
| | | Vehicle insurar | | | 15b. | · | | |
| | | | | | | · | 70.33 | |
| 4.0 | | Other insuranc | · · · | | 15d. | \$ | 0.00 | |
| 16. | Spec | | e taxes deducted from your p | pay or included in lines 4 or 20. | 16. | ¢ | 0.00 | |
| 17 | • | , | normonto. | | 10. | Ψ | 0.00 | |
| 17. | | Ilment or lease Car payments | | | 17a. | ¢ | 0.00 | |
| | | | | | | · | | |
| | | Car payments | | | 17b. | · | 0.00 | |
| | | Other. Specify: | | | 17c. | · | 0.00 | |
| | | Other. Specify: | | | 17d. | \$ | 0.00 | |
| 18. | Your | payments of a | imony, maintenance, and | support that you did not report as | s 18. | \$ | 0.00 | |
| 40 | | | | Your Income (Official Form 106I). | . 10. | · | | |
| 19. | | | ı make to support others w | no do not live with you. | 40 | \$ | 0.00 | |
| 20 | Spec | | avecace not included in li | ince A cu E of this form on on Cab | 19. | Incomo | | |
| 20. | | | | ines 4 or 5 of this form or on <i>Sch</i> | | | 0.00 | |
| | | Mortgages on o | | | 20a. | · | 0.00 | |
| | | Real estate tax | | | 20b. | | 0.00 | |
| | | | eowner's, or renter's insurance | | 20c. | | 0.00 | |
| | | | epair, and upkeep expenses | | 20d. | · | 0.00 | |
| | | | association or condominium | dues | 20e. | · | 0.00 | |
| 21. | Othe | r: Specify: | | | 21. | +\$ | 0.00 | |
| 22 | Calc | ulate your mon | hly evnenses | | | | | |
| 22. | | Add lines 4 throu | | | | \$ | 837.33 | |
| | | | 0 |), if any, from Official Form 106J-2 | | \$ ——— | 637.33 | |
| | | . , | , , | , | | · - | | |
| | 22c. | Add line 22a and | 22b. The result is your mor | nthly expenses. | | \$ | 837.33 | |
| 23 | Calc | ulate vour mon | thly net income. | | | | | |
| 20. | | • | our combined monthly incon | ne) from Schedule I | 23a. | \$ | 2,566.35 | |
| | | | thly expenses from line 22c | | 23b. | · · | 837.33 | |
| | 230. | Copy your mor | miny expenses nonnine 220 | above. | ۷۵۵. | Ψ | 037.33 | |
| | 23c | Subtract your n | nonthly expenses from your | monthly income | | | | |
| | 200. | | our monthly net income. | monthly meetine. | 23c. | \$ | 1,729.02 | |
| | | o .ooun io ye | | | | ļ | | |
| 24. | Do v | ou expect an in | crease or decrease in vour | expenses within the year after y | ou file this | form? | | |
| | For ex | kample, do you exp | ect to finish paying for your car l | loan within the year or do you expect you | | | e or decrease because of a | |
| | modifi | ication to the terms | of your mortgage? | • | | | | |
| | ■ No | 0. | | | | | | |
| | □ Ye | es Exp | lain here: | | | | | |

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| Fill in this info | ormation to identify your | case: | | | |
|---------------------|--|--------------------------|----------------------------|--|--|
| | | case. | | | |
| Debtor 1 | Sonia Garcia First Name | Middle Name | Last Name | | |
| Debtor 2 | i iist ivaille | Wilde Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | - | | | | Check if this is an |
| | | | | - | amended filing |
| You must file tl | his form whenever you fi | n connection with a bank | or amended schedules | rect information. s. Making a false statement, co in fines up to \$250,000, or imp | |
| Si | gn Below | | | | |
| Did you p | pay or agree to pay some | one who is NOT an attor | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | etition Preparer's Notice, eature (Official Form 119) |
| | nalty of perjury, I declare are true and correct. | that I have read the sum | mary and schedules file | ed with this declaration and | |
| X /s/ Sc | onia Garcia | | X | | |
| | a Garcia | | Signature of | Debtor 2 | |
| Signat | ture of Debtor 1 | | | | |
| Date | May 10, 2016 | | Date | | |

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| Debtor 1 Sonia Garcia Motio None Last None Last None Case None Cas | E:II | in this inform | | | | | |
|--|-------------|-----------------------------|--|-----------------------------------|--------------------------------|------------------------|--------------------|
| Debtor 2 Pitra Name Modide Name Lest Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (**rowan) Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy Africancy Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. It more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Points: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married During the last 3 years, have you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Details of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Details of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Details of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Details of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Details of the places you lived in the last 3 years. Do not include where you live now. Debtor 2 Prior Address: Details of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Same as Detailor 1 Prior—To. Same as Deta | | | | r case: | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if those) Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy 4/16 Be as complete and accurate as possible, if two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form, On the top of any additional pages, write your name and case number (if known). Answer every question. 12171: Give Details About Your Marital Status and Where You Lived Before 12171: Give Details About Your Marital Status and Where You Lived Before 12171: Nhat is your current marital status? Married No | Det | otor 1 | | Middle Name | Last Name | | |
| United States Bankruptcy Court for the:NORTHERN DISTRICT OF ILLINOIS | | | | | | | |
| Case number Check if this is an amended filling Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy 4/1: Bo as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Official Form 107 Africant Information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Official Form 107 Africant Information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Official Form 107 What is your current marital status? Debtor 1 Prior Address: Dates Debtor 1 Not married Not married Debtor 1 Prior Address: Dates Debtor 1 Not married Debtor 2 Prior Address: Dates Debtor 1 Not married Debtor 1 Prior Address: Dates Debtor 1 Not married Dates Debtor 1 Same as Debtor 1 Not married Not married Not married Not married Not married Debtor 2 Surried Affacing part-time activities. Not married the two previous calendar years? Fill in the total amount of income your received from all jobs and all businesses, including part-time activities. Not married the total amount of income your received from all jobs and all businesses, including part-time activities. Not married the total amount of income your received from all jobs and all businesses, including part-time activities. Not married the total amount of income your received from all jobs and all businesses, including part-time activities. Not married the total amount of income your received from all jobs and all businesses, including part-time ac | (Spo | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fart 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married No | Uni | ted States Ba | nkruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| Be as complete and accurate as possible. If wo married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before | | | | | | | |
| Information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Sive Details About Your Marital Status and Where You Lived Before What is your current marital status? Married | | | | Affairs for Individ | duals Filing for B | ankruptcy | 4/10 |
| 1. What is your current marital status? Married Not married Not married No No Yes. List all of the places you lived anywhere other than where you live now? Debtor 1 Prior Address: Dates Debtor 1 No Same as Debtor 2 No Same as Debtor 2 No Same as Debtor 3 No Same as Debtor 4 Not married Same as Debtor 1 No Same as Debtor 5 No Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2 Same as Debtor 2 Same as Debtor 2 Same as Debtor 3 Same as Debtor 4 Same as Debtor 5 Same as Debtor 6 Same as Debtor 6 Same as Debtor 6 Same as Debtor 7 Same as Debtor 8 Same as Debtor 9 Same as Debtor 1 Same as Debtor 9 Same as Debtor 9 Same as Debtor 1 Same as Debtor 9 S | info num | rmation. If mober (if know) | ore space is needed, n). Answer every que | attach a separate sheet to stion. | this form. On the top of an | | |
| Married | | | | | Lived Belole | | |
| ■ Not married 2. During the last 3 years, have you lived anywhere other than where you live now? □ No ■ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: □ Dates Debtor 1 □ lived there 5840 Sundown Circle Orlando, FL □ Until May 2013 □ Same as Debtor 1 □ From-To: □ Until May 2013 □ Same as Debtor 1 □ No □ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). □ No □ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). □ No □ Yes. Fill in the lotal amount of income you received from all jobs and all businesses, including part-time activities. □ No □ Yes. Fill in the details. □ No □ Yes. Fill in the details. □ Debtor 1 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all that apply. □ Debtor 2 □ Sources of income □ Check all | | _ | | | | | |
| 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: | | _ | ried | | | | |
| No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there S840 Sundown Circle From-To: Same as Debtor 1 Same as Debtor 2 Same as Debtor 3 Same as Debtor 4 Same as D | 2 | | | lived anywhere other than | where you live now? | | |
| Pebtor 1 Prior Address: Dates Debtor 1 Iived there Debtor 2 Prior Address: Dates Debtor 2 Iived there Debtor 2 Prior Address: Dates Debtor 2 Iived there Debtor 3 Prior Address: Dates Debtor 2 Iived there Same as Debtor 1 Prom-To: Until May 2013 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a businessed turing this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. Debtor 2 Sources of income Check all that apply. Gross income Check all that apply. Debtor 2 Sources of income Check all that apply. Wages, commissions, bonuses, tips Same as Debtor 1 Part 2 Explain the place of territories: Debtor 1 Sources of income Check all that apply. Sources of income Check all that apply. Sources of income Check all that apply. Wages, commissions, bonuses, tips | ۷. | — | ast 3 years, nave you | iived allywhere other than | where you live now : | | |
| Debtor 1 Prior Address: Dates Debtor 1 lived there lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 2 Same as Debtor 3 Same as Debtor 4 Same as Debtor 4 Same as Debtor 5 Same as Debtor 1 Same as Debtor 2 Same as Debtor 3 Same as Debtor 4 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 1 Same as Debtor 3 Same as Debtor 4 Same as Debtor 4 Same as Debtor 1 Same as Debtor 3 Same as Debtor 4 Same as Debtor 1 Same as Debtor 4 Same as Debtor 1 Same as | | | | | | | |
| Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Deb | | Yes. Lis | it all of the places you i | ived in the last 3 years. Do no | of include where you live now | <i>1</i> . | |
| Orlando, FL Until May 2013 Board as Debtor 1 Sources of income Check all that apply. Debtor 1 Sources of income Check all that apply. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filled for bankruptcy: Until May 2013 From-To: From-Fort From-To: From-Fort From-To: From-Fort From-To: From-Fort F | | Debtor 1 Pr | ior Address: | | Debtor 2 Prior Ac | ldress: | |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Date of the washington and Wisconsin.) Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you receive from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 2 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Date of the two previous calendar years? Sources of income Check all that apply. Gross income (before deductions and exclusions) Debtor 2 Sources of income Check all that apply. Gross income (before deductions and exclusions) Debtor 2 Sources of income Check all that apply. Gross income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 3 Debtor 4 Sources of income Check all that apply. Debtor 4 Sources of income Check all that apply. Debtor 4 Sources of income Check all that apply. Debtor 4 Sources of income Check all that apply. Debtor 4 Sources of income Check all that apply. Debtor 4 Sources of income Check al | | | | | | 1 | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Sources of income Wages, commissions, bonuses, tips | | es and territor | es include Arizona, Ca | lifornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto R | | |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) \$13,500.00 Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips | Par | t 2 Explai | n the Sources of You | r Income | | | |
| Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$13,500.00 Wages, commissions, bonuses, tips | 4. | Fill in the tota | al amount of income yo | u received from all jobs and a | all businesses, including part | time activities. | ndar years? |
| Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Gross income (before deductions and exclusions) \$\frac{\text{Gross income}}{\text{Check all that apply}}\$. \ \$\frac{\text{Sources of income}}{\text{Check all that apply}}\$. \ \$\frac{\text{Usions}}{\text{Donuses, commissions, bonuses, tips}}\$ \$\frac{\text{Sources of income}}{\text{Check all that apply}}\$. \ \$\text{Usions}\$ \$\text{Usions}\$ \$\text{Usions}\$ \$\text{Usions}\$ \$\text{Usions}\$ \$\text{Donuses, tips}\$ \$\text{Usions}\$ | | | I in the details. | | | | |
| Check all that apply. Check all that apply. (before deductions and exclusions) Check all that apply. (before deductions and exclusions) Check all that apply. (before deductions and exclusions) The date you filed for bankruptcy: State of the deductions and exclusions and exclusions State of the deductions and exclusions and exclusions State of the deductions and exclusions and exclusions State of the deductions and exclusions are exclusions a | | | | Debtor 1 | | Debtor 2 | |
| the date you filed for bankruptcy: bonuses, tips bonuses, tips | | | | | (before deductions and | | (before deductions |
| ☐ Operating a business ☐ Operating a business | | | | = | \$13,500.00 | | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |

Case 16-15901 Doc 1 Filed 05/10/16 Entered 05/10/16 17:15:21 Desc Main Document Page 37 of 55 Case number (if known) Debtor 1 Sonia Garcia **Debtor 1** Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$39,000.00 ☐ Wages, commissions, ☐ Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$26,629.00 ☐ Wages, commissions, □ Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? \square No. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you

paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ... still owe paid

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Case number (if known) Debtor 1 Sonia Garcia Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value

Person to Whom You Gave the Gift and Address:

per person

the gifts

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| Del | otor 1 | Sonia Garcia | | Document | ———— | Case number | (if known) | | |
|-----|--|---|-----------|-------------------------------------|-----------------|-----------------|------------------------------|--------------------------|--|
| 14. | = 1 | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No □ Yes. Fill in the details for each gift or contribution. | | | | | | | |
| | Gifts more Chai | s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP Co | total | Describe what y | ou contributed | | Dates you contributed | Value | |
| Par | rt 6: | List Certain Losses | | | | | | | |
| 15. | | in 1 year before you filed for bankr imbling? | uptcy or | since you filed for | bankruptcy, di | id you lose any | thing because of the | ft, fire, other disaster | |
| | _ | No Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | | | | | | Date of your loss | Value of property lose | |
| Par | rt 7: | List Certain Payments or Transfe | rs | | | | | | |
| | Includ | ulted about seeking bankruptcy or de any attorneys, bankruptcy petition No Yes. Fill in the details. | | | ng agencies for | · | Date payment or transfer was | Amount of | |
| | Ema | ress iil or website address son Who Made the Payment, if Not | You | transierred | | | made | paymen | |
| | 77 V Chic | ason & Gleason LLC V. Washington, Ste 1218 cago, IL 60602 o://chilawyers.com | | \$940.00 attorn court filing fee | | 335.00 | 2016 | \$940.00 | |
| | 4800 Tuc | nmit Financial Education Inc 0 E Flower St son, AZ 85712 o://summitfe.org | | | | | 2016 | \$9.95 | |
| 17. | prom Do no | in 1 year before you filed for bankr ised to help you deal with your cre ot include any payment or transfer that No Yes. Fill in the details. | editors o | or to make paymen | | | or transfer any prope | erty to anyone who | |

Person Who Was Paid

Address

Description and value of any property

transferred

Amount of

payment

Date payment

made

or transfer was

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Case number (# known) Document

Debtor 1 Sonia Garcia

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | |
|---|--|--|---------|---|----------------------------|-------------|--|--------------|--|
| | _ | | | December (1 and 1 | | D | | D-1- 1- | |
| | | rson Who Received Transfer dress | | Description and v property transfer | | paym | ribe any property or ents received or debts n exchange | made | ansfer was |
| | Pe | rson's relationship to you | | | | | | | |
| 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a sbeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | self-settle | d trust or similar device | of which | you are a |
| | Na | me of trust | | Description and v | value of the pro | perty trans | sferred | Date Ti | ransfer was |
| | | | | | | | | made | |
| Pai | t 8: | List of Certain Financial Accounts, In | strume | ents, Safe Deposi | t Boxes, and St | orage Unit | ts | | |
| 20. | solo Incl | hin 1 year before you filed for bankruptod, moved, or transferred? ude checking, savings, money market, uses, pension funds, cooperatives, asso | or othe | r financial accou | nts; certificates | of deposi | | | , |
| | | No | | · | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of Financial Institution and dress (Number, Street, City, State and ZIP le) | | 4 digits of unt number | Type of account instrument | unt or | Date account was closed, sold, moved, or transferred | | ast balance, e closing or transfer |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other cash, or other valuables? | | | | posit box or other depos | itory for s | securities, | | | |
| | | ■ No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do y have | ou still e it? |
| 22. | Hav | re you stored property in a storage unit | or plac | e other than you | r home within 1 | year befo | re you filed for bankrupto | cy? | |
| | | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of Storage Facility dress (Number, Street, City, State and ZIP Code) | | Who else has or l to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do y have | ou still e it? |
| Pai | rt 9: | Identify Property You Hold or Control | for So | meone Else | | | | | |
| 23. | | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | /ner's Name dress (Number, Street, City, State and ZIP Code) | | Where is the prop (Number, Street, City, S Code) | | Describe | the property | | Value |
| Pa | t 10: | Give Details About Environmental Inf | ormati | on | | | | | |
| For | the p | ourpose of Part 10, the following definiti | ions ap | pply: | | | | | |
| | | | | | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

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Debtor 1 Sonia Garcia

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of a No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Environmental law, is know it Environmental law, is know it | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| ■ No □ Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Environmental law, in Address (Number, Street, City, State and ZIP Code) | | | | | | | | |
| ☐ Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Environmental law, in the details. | if you Date of notice | | | | | | | |
| ☐ Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Environmental law, in the details. | if you Date of notice | | | | | | | |
| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) | if you Date of notice | | | | | | | |
| 25. Have you notified any governmental unit of any release of hazardous material? | | | | | | | | |
| , | | | | | | | | |
| ■ No □ Yes. Fill in the details. | | | | | | | | |
| Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Environmental law, in Address (Number, Street, City, State and ZIP Code) | if you Date of notice | | | | | | | |
| 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include s | settlements and orders. | | | | | | | |
| ■ No □ Yes. Fill in the details. | | | | | | | | |
| Case Title Court or agency Nature of the case Name Address (Number, Street, City, State and ZIP Code) | Status of the case | | | | | | | |
| Part 11: Give Details About Your Business or Connections to Any Business | | | | | | | | |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connection. | ctions to any business? | | | | | | | |
| ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| ☐ A partner in a partnership | | | | | | | | |
| ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| No. None of the above applies. Go to Part 12. | | | | | | | | |
| Yes. Check all that apply above and fill in the details below for each business. | | | | | | | | |
| Business Name Describe the nature of the business Employer Identification Do not include Society | ation number cial Security number or ITIN. | | | | | | | |
| (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed | | | | | | | | |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your bus institutions, creditors, or other parties. | siness? Include all financial | | | | | | | |
| ■ No | | | | | | | | |
| ☐ Yes. Fill in the details below. | | | | | | | | |
| Name Address (Number, Street, City, State and ZIP Code) | | | | | | | | |

Part 12: Sign Below

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Debtor 1 Sonia Garcia

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Sc | onia Garcia | | | | |
|--------------|---------------------------------|--|--|--|--|
| Sonia Garcia | | Signature of Debtor 2 | Signature of Debtor 2 | | |
| Signa | ture of Debtor 1 | | | | |
| Date | May 10, 2016 | Date | | | |
| Did yo | u attach additional pages to Yo | our Statement of Financial Affairs for Individuals Filin | ng for Bankruptcy (Official Form 107)? | | |
| No | | | | | |
| ☐ Yes | ; | | | | |
| Did yo | u pay or agree to pay someone | who is not an attorney to help you fill out bankrupto | y forms? | | |
| No | | | | | |
| ☐ Yes | . Name of Person Attach | the Bankruptcy Petition Preparer's Notice, Declaration, | and Signature (Official Form 119). | | |

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| is an ng 12/15 | | | | | | | |
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| ng | | | | | | | |
| ng | | | | | | | |
| 12/15 | | | | | | | |
| | | | | | | | |
| If you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. | | | | | | | |
| Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part 1: List Your Creditors Who Have Secured Claims | | | | | | | |
| | | | | | | | |
| fill in the | | | | | | | |
| e property chedule C? | | | | | | | |
| | | | | | | | |
| h | | | | | | | |

Official Form 108

Creditor's

Creditor's

Description of

securing debt:

Description of

securing debt:

name:

property

Creditor's

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

 \square Surrender the property.

☐ Surrender the property.

☐ Surrender the property.

☐ Retain the property and redeem it.

☐ Retain the property and enter into a

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 \square Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

Reaffirmation Agreement.

□ No

☐ Yes

□ No

☐ Yes

☐ No

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| Debtor 1 | Sonia Garcia | Case number (if known) | |
|------------------------------------|---|---|-----------------------------------|
| name: Descrip property securing | <i>(</i> | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes |
| For any ur in the info You may a | rmation below. Do not list real estate le ssume an unexpired personal property | ou listed in Schedule G: Executory Contracts and Unexpire ases. Unexpired leases are leases that are still in effect; the lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | e lease period has not yet ended. |
| Describe | your unexpired personal property leason | 25 | will the lease be assumed? |
| Lessor's n | | | □ No |
| Property: | n of leased | | ☐ Yes |
| Lessor's n | ame: | | □ No |
| | n of leased | | |
| Property: | | | ☐ Yes |
| Lessor's n | ame: | | □ No |
| Description of leased Property: | | | |
| r roporty. | | | ☐ Yes |
| Lessor's n | | | □ No |
| Descriptio Property: | n of leased | | ☐ Yes |
| .,., | | | Li Tes |
| Lessor's n | | | □ No |
| Property: | n of leased | | ☐ Yes |
| | | | 00 |
| Lessor's n | ame: n of leased | | □ No |
| Property: | n or reased | | ☐ Yes |
| | | | - |
| Lessor's n Descriptio | ame: n of leased | | □ No |
| Property: | | | ☐ Yes |
| | | | |

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| Debto | r1 <u></u> | Sonia Garcia | Case number (if known) |
|---------|--------------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Part 3: | Si | gn Below | |
| | • | ty of perjury, I declare that I have ind t is subject to an unexpired lease. | licated my intention about any property of my estate that secures a debt and any personal |
| χ /s | s/ So | nia Garcia | X |
| S | Sonia Garcia | | Signature of Debtor 2 |
| S | Signatu | ure of Debtor 1 | |
| D | Date | May 10, 2016 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-15901 Doc 1 Filed 05/10/16 Entered 05/10/16 17:15:21 Desc Main Document Page 50 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | e Sonia Garcia | Case No. | | | | | | |
|-------|--|---------------------------|------------------------------------|--|--|--|--|--|
| | Debtor(s) | Chapter | 7 | | | | | |
| | DISCLOSURE OF COMPENSATION OF ATT | ORNEY FOR DE | EBTOR(S) | | | | | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the at compensation paid to me within one year before the filing of the petition in bankrup be rendered on behalf of the debtor(s) in contemplation of or in connection with the | tcy, or agreed to be paid | to me, for services rendered or to | | | | | |
| | For legal services, I have agreed to accept | \$ | 940.00 | | | | | |
| | Prior to the filing of this statement I have received | | 940.00 | | | | | |
| | Balance Due | | 0.00 | | | | | |
| 2. 5 | \$335.00 of the filing fee has been paid. | | | | | | | |
| 3. | The source of the compensation paid to me was: | | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | | |
| 4. | The source of compensation to be paid to me is: | | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | | | | |
| | ☐ I have agreed to share the above-disclosed compensation with a person or person copy of the agreement, together with a list of the names of the people sharing in | | | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | | |
| l | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a | | | | | | | |
| | petition in bankruptcy; | | | | | | | |
| | b. Preparation and filing of any petition, schedules, statements | of affairs and plan w | hich may be required; | | | | | |
| | c. Representation of the debtor at the meeting of creditors and thereof; | confirmation hearing | , and any adjourned hearings | | | | | |
| 7.] | By agreement with the debtor(s), the above-disclosed fee does not include the follow a. Representation of the debtors in any dischargeability actions proceeding. | | nces, or any other adversary | | | | | |
| | b. Debtor is responsible for the 2 mandatory credit counseling | classes. | | | | | | |
| | c. This fee agreement does not include representation in motion | ons to redeem. | | | | | | |

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| In re | Sonia Garcia | Case No. | |
|-------|--------------|----------|--|
| | Debtor(s) | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| CERTIFICATION | | | | |
|---|---|--|--|--|
| I certify that the foregoing is a complete staten this bankruptcy proceeding. | nent of any agreement or arrangement for payment to me for representation of the debtor(s) in | | | |
| May 10, 2016 | /s/ Julie Gleason | | | |
| Date | Julie Gleason 6273536 | | | |
| | Signature of Attorney | | | |
| | Gleason & Gleason | | | |
| | 77 W Washington, Ste 1218 | | | |
| | Chicago, IL 60602 | | | |
| | (312) 578-9530 Fax: (312) 578-9524 | | | |
| | troy@chicagobk.com | | | |
| | Name of law firm | | | |

Accred Home 16550 W Bernardo Dr. Bldg 1 San Diego, CA 92127

Accredited Home Lender 16550 W Bernardo Dr. Bldg 1 San Diego, CA 92127

Advanced Collection Bu Po Box 560063 Rockledge, FL 32956

Ars 1801 Nw 66th Ave Fort Lauderdal, FL 33313

ARS Account Resolution 1801 NW 66th Ave, Ste 200 Fort Lauderdale, FL 33313

Boca Radiology Group PO box 810578 Boca Raton, FL 33481

Boca Raton Regional Hospital 800 Meadows Road Boca Raton, FL 33486

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Cci Contract Callers I Augusta, GA 30901

Cook County Health 25706 Network Pl Chicago, IL 60673

Ditech Financial Llc Po Box 6172 Rapid City, SD 57709 First Federal Credit C 24700 Chagrin Blvd Ste 2 Cleveland, OH 44122

Florida Hospital Med Svcs PO box 630707 Crown City, OH 45623

Global Netwk 5320 College Blvd Shawnee Missio, KS 66211

Gulf Coast Collection 5630 Marquesas Cir Sarasota, FL 34233

I C System Inc Po Box 64378 Saint Paul, MN 55164

Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338

Illinois Dept of Employment Securit Bankruptcy Unit Collection Subdivis 33 S State St 10th Floor Chicago, IL 60603

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Jefferson Capital Syst 16 Mcleland Rd Saint Cloud, MN 56303

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108 Ocwen Loan Servicing L 1661 Worthington Rd Suite 100 West Palm Beach, FL 33409

Peoples Engy 200 East Randolph Chicago, IL 60601

Peoples Trust Federal 777 Walker St Ste 2400 Houston, TX 77002

Sports Ortho PO box 100988 Atlanta, GA 30384

University Hospital and Medical 7201 N University Dr Fort Lauderdale, FL 33321

United States Bankruptcy Court Northern District of Illinois

| In re | Sonia Garcia | | Case No. | |
|-------|--|---|--------------------------|----------------|
| | | Debtor(s) | Chapter 7 | |
| | VER | RIFICATION OF CREDITOR MA | ГRIX | |
| | | Number of Co | Number of Creditors: | |
| | The above-named Debtor(s) h (our) knowledge. | hereby verifies that the list of creditor | s is true and correct to | the best of my |
| Date: | May 10, 2016 | /s/ Sonia Garcia Sonia Garcia Signature of Debtor | | |